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The Canadian Medical Review

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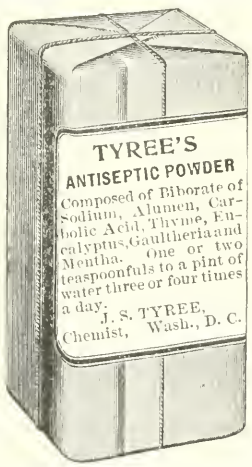
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Original Communications.

A Comparison of Lumbar and Inguinal Methods of Colostomy.

By Herbert A. Bruce, M.D. (Tor.), F.R.C.S. (Eng.),
Associate Professor of Clinical Surgery, Medical Faculty, University of Toronto.

Colotomy—or more properly colostomy—was first proposed by Littré in 1870. He suggested that the sigmoid flexure be opened by incision through the abdominal walls in the left inguinal region, but probably never performed the operation. In 1776 Pilloré opened the cæcum in the right inguinal region. In 1796 Callisen suggested that the colon be opened where it was not covered by peritoneum in the left lumbar region by a vertical incision. Amussat, a year later, performed the retro-peritoneal operation on the right side by a transverse incision. The present lumbar operation is a combination of the methods of Callisen and Amussat.

A few words as to the conditions calling for colotomy. Obstruction to the passage of fæces along the colon, such as cancer of the rectum, of the sigmoid flexure, or of any other part of the colon; tumours pressing on the bowel; fæcal accumulations which cannot be

got rid of by other means; volvulus of the sigmoid flexure; annular stricture of the sigmoid and imperforate anus. It may also be performed in cases of ulceration of the rectum, simple or specific, when all other treatment has failed. In recto-vesical fistula, and in excessive distension of the colon and atony of its walls, where, in spite of purgatives and enemas, fæces accumulate and symptoms of obstruction frequently appear, right inguinal colotomy is indicated. The bowel will, after a few weeks' rest, regain its tone and the artificial opening may be closed.

The modern development of Littré's operation is cœlio-colotomy. It may be performed on either side—on the left when it is desired to open the sigmoid flexure, on the right to open the cæcum or ascending colon. The operation may also be carried out through a median incision. Cœlio-colotomy, or as it is more generally called, inguinal colotomy, is coming steadily into favor, and it seems to be replacing, to a very large extent, the lumbar operation. It is the operation preferred by such excellent authorities as Verneuil, Ball, Allingham, Harrison Cripps, Greig Smith, and others.

As regards statistics of the two operations cœlio-colotomy gives a general mortality of about 10 per cent. and lumbar colotomy a somewhat higher mortality. Greig Smith in forty-eight cases of inguinal colotomy has had three deaths, two after complete obstruction, and one after ten days where the patient was very much exhausted previous to operation. Mere statistics cannot, however, give a proper or just estimate of the mortality, as many operations are performed when the patient is *in extremis*.

The advantages claimed for the inguinal operation are:

First. It is easier. Where the colon is distended the lumbar operation is an easy one, but where the bowel is flaccid and lies deeply in a fat patient it is one of the most difficult operations in surgery. In doing inguinal colotomy the soft parts are much thinner, and after opening the peritoneum the colon is much more accessible. In a stout patient the soft parts are easier to divide, and the resulting wound less deep and more readily dealt with than one in the loin; the bowel is more easily reached and with less disturbance of deep-lying soft parts. There is no risk of opening small intestine or of failing through abnormality of the colon.

Secondly. The peritoneum being opened, the site and extent of disease can be ascertained.

Thirdly. The shallower wound makes it much easier to draw out the intestine and make a satisfactory angle and spur, or to perform colectomy.

Fourthly. The position of the anus is more convenient for the needful attention.

The second advantage mentioned is very important, as in cases of annular or limited disease of the sigmoid the growth may be removed, and when uncertain as to the situation of the disease the surgeon can make sure of opening the bowel above it.

As regards the fourth point there is something to be said on both sides. An artificial anus in front can be cleaned, the pad adjusted, and the bowel below washed out much more comfortably. If constipation occurs and assistance from without becomes necessary to get relief, this can be done much more readily with the anus in the iliac region. On the other hand, the passage of flatus, or the effluvium of a suddenly escaped motion will be much more objectionable with an anus in front.

In some conditions of life a lumbar opening may be preferable. Jacobson cites the case of a young married woman of twenty in whom he did a lumbar colotomy, and had her under observation for seven years subsequently.

Next let us consider the disadvantages of inguinal colotomy.

1. The peritoneum is opened. This has not the same importance as it had in pre-antiseptic days.

2. A larger amount of prolapsus is likely to follow this than the lumbar operation. This is due to the greater mobility of the sigmoid flexure and the greater laxity of the soft parts in the groin as compared with those in the loin, where we have the lumbar fascia, psoas, and kidney. In walking, standing and sitting the small intestines tend to push upon and protrude an inguinal artificial anus. Precautions will be given presently whereby the amount of prolapse may be diminished.

For imperforate anus, where the rectum cannot be found by dissection in the perineum, inguinal colotomy is certainly the better operation. With imperforate anus, other malformations of the colon are frequently found which would render lumbar colotomy impossible.

In ulceration of the rectum if we have reason to believe that the condition is kept up by the irritation of passing fæces and unrest of the bowel walls, an artificial anus made above the ulcerated part will provide rest and favor the healing process.

In cases of recto-vesical fistulæ of some standing colotomy gives the only chance of cure short of resection. The fæces being diverted through the artificial anus, no longer traverse the fistula, the rectum collapses, and the fistula spontaneouly closes.

In cases of volvulus of the sigmoid flexure Bryant and others

favor lumbar colotomy. There seems no adequate reason why inguinal colotomy would not do quite as well.

Now a few words on the methods of performing inguinal colotomy. Of all methods Greig Smith's modification of the Madyl-Reclus operation, in which no sutures are used, is undoubtedly the simplest and would seem to give quite as good, if not better, results than any of the more elaborate methods of suturing. The whole operation can be done in from five to ten minutes; it provides a perfect spur; it leaves an anus surrounded by mucous membrane and muscle both of bowel and parietes which prevents dribbling, and the bowel being firmly implanted on the parietes, gripped by muscle, prevents prolapse.

The operation consists in going through the parietes, drawing out a loop of colon, passing a glass rod through the mesocolon close to the gut, and opening the gut at once or after two or three days. The best incision is a vertical or nearly vertical one, two or three inches in length, extending upwards from a point about an inch above the anterior superior iliac spine, and slightly behind it. The chief object in making the incision vertical is to avoid dividing any of the fibres of the internal oblique muscle so that it may be implanted intact directly on the serous coat of the bowel. This acts as a sphincter, the patient relaxing and contracting it by lateral movements of the body. No sutures are used. Instead of suturing the peritoneum to the skin, it is pushed out of the way so that as large a surface of raw muscle and fibrous tissue as possible may be implanted on the bowel.

In order to avoid prolapsus the bowel should be pulled down from above so as to make it taut between the splenic flexure and the parietal opening. The rod should be left in position for a week in order to increase the perfection of the spur. If the bowel is not opened for a few days the following will be found a convenient dressing: Cover the loop of bowel with a small piece of oiled silk. Then surround the loop with a ring of aseptic gauze or lint to make a scaffolding high enough to prevent the bowel from being compressed by the overlaid strapping. Over all is placed an interdigitating double strip of adhesive plaster.

After two or three days the bowel may be opened by a simple vertical incision on the convexity of the loop. The sides retract and become covered with epithelium. The spur and the surrounding mucous membrane protrude and form a pouting anus a slight distance above the level of the parietes. This keeps the apparatus for collecting the fæces in position.

A very good apparatus to be worn after inguinal colotomy was made for me by Messrs. Authors & Cox. It consists in a solid rubber ring,

capped over with soft rubber which fits into a metal cap attached to a belt which goes round the waist. The rubber ring fits round the pouting mucous membrane of the anus, which prevents its displacement. A little antiseptic wool is placed in the ring.

The patient which I am presenting was operated on by me early in January by the method which I have briefly described, and you will be able to judge of the result and see the apparatus which he is wearing and which he finds very comfortable and satisfactory.

Influence of the Professor in the Struggles of the Practitioner.—In looking about for somebody or something to blame for the hard times, the unprecedented healthiness of the community, the falling off in practice, collections, and everything pertaining to existence except the expenses, the eye of the doctor has not seemed to fall upon the professor. Of course every one knows that there are professors and professors. Some are innocent. Some have had their greatness thrust upon them, and shrink from public gaze. These are for the most part those who actually profess without professing too much to profess. Their names are not seen in the lists of heavy contributors to hospitals and medical schools, nor are they put down as owners of shares in the corporations whose chairs they occupy. They do not feel so puffed up by their titles and so secure in their positions that they can ignore the rights of their fellows, and, indeed, their very nature would not permit them to assume that antagonistic relation to the men in the ranks which is held by others whose constant acts express the sentiment, "The medical public be d—d." They are the men who favor a decrease in dispensary and hospital abuses of charity, and a cessation of miscarriage of benevolent intentions of dead philanthropists. These men are never heard to say: "I must have patients for my clinics, no matter from what walks they are drawn and no matter what little doctor around the corner whose rent is due is hurt by it." It is the professor who professes such sentiments as the above who is responsible in a great measure for the "little doctors" who go wrong. After he has paid his fees for four years, helping to support these men and their institutions of learning, the doctor feels that he should be permitted to earn enough to pay his rent, and when he finds his efforts antagonized it is not so surprising that he falls a victim to the alluring fees to be had for intervening to keep down the population. There would be fewer "legitimate" abortionists, fewer "regularly graduated" advertising quacks, fewer dis-reputable doctors, if professors did their full duty and stood for the profession instead of standing for themselves.—*Medical Record.*

Society Reports.

Ontario Medical Association.

THE eighteenth annual meeting of the Ontario Medical Association was held in Toronto, June 1st and 2nd—Dr. William Britton, of Toronto, presiding. Dr. E. L. Shirley, President of the Michigan State Medical Society, was introduced and given a seat on the platform.

Dr. A. McPhedran presented the report of the Committee on Papers and Business and moved its adoption. Carried.

The reception of the report of the Committee of Arrangements was postponed.

Dr. Greig, Toronto, read a paper on "Infant Diet."

Dr. George Peters, of Toronto, opened the discussion in Surgery. Subject: "Treatment of Fractures of the Skull." This was discussed by Drs. Bingham, T. T. S. Harrison, T. K. Holmes and I. H. Cameron. Dr. Peters closed the discussion.

Dr. Samson, of Windsor, read a paper on "Conclusions Culled from Thirty Years' Experience."

The President read a communication from Dr. Rogers, Chairman of the Committee of Foreign Invitations of the American Medical Association, extending an invitation to the members of the Ontario Association to be present at the Denver meeting.

On motion of Dr. Harrison, seconded by Dr. McPhedran, a vote of thanks was tendered to the American Association for their kind invitation.

The Secretary read the minutes of the morning session.

Dr. Ryerson read the report of the Committee of Arrangements, which was adopted.

Dr. Bruce Smith presented the first interim report of the Committee on Credentials, which was adopted.

Dr. Britton then delivered the presidential address. He was tendered a hearty vote of thanks on motion of Dr. John Coventry, seconded by Dr. Harrison.

Dr. W. J. Wilson moved that the regular order of business be suspended, as he had a resolution to bring before the meeting. Carried.

Dr. Wilson moved that, in the opinion of this Association, no one should receive free treatment as an out-door patient in our public

hospitals, except those receiving their hospital maintenance from the municipality to which they belong.

Dr. Samson moved in amendment, that a committee consisting of Drs. Coventry, John Wishart, T. K. Holmes, Bruce Smith, A. H. Wright, J. C. Mitchell, W. J. Wilson and C. O'Reilly be appointed to consider the various recommendations made in the president's address.

On motion of Dr. Ross, seconded by Dr. Powell, Dr. Wilson's resolution was tabled.

Dr. A. T. Hobb, of London, read a paper on "Some Present Methods of Treatment of Patients at London Asylum for the Insane."

This was discussed by Dr. J. Russel, Bruce Smith and J. F. W. Ross.

The Association then divided into sections.

Medical Section.

Dr. J. C. Mitchell was appointed chairman in this Section, Dr. Brown acting as secretary.

Dr. R. Ferguson, of London, read a paper on "The Injurious Effects of our Over-wrought School System on the Health of Public and High School Pupils."

Dr. Ferguson, at the end of his paper, introduced the following resolution:

"That this Section of the Ontario Medical Association expresses its conviction that the school pupils of this Province are over-worked, that the examination system is overdone, and that the strain and cramming due to excessive study is injurious to the mental and physical constitution of the pupils.

"That this Section recommends that the number of school studies be lessened, and that the curriculum be framed with a due regard for the mental capacity and the preservation of the health of the school children."

This was discussed by Dr. Sheard, Spence and Britton. Dr. Ferguson closed the discussion.

The chairman suggested that those who had spoken on the subject constitute a committee to consider the resolution and report before the General Session of the Association.

Dr. C. J. O. Hastings read a paper on "Toxæmia of Pregnancy." A paper on "Vicarious Urination" was presented by Dr. A. T. Rice, of Woodstock.

This was discussed by Drs. Adami, Hastings, McClurg, Cruickshanks, McCallum (London), Fenton, Chambers, Dr. Rice closing the discussion.

Dr. C. B. Oliver's paper on "The Traumatism of Labor" was taken as read.

Dr. Walter McKeown read a paper on "The Application of the Principle of Osmosis to the Treatment of Toxæmia."

Dr. Olmstead's paper was postponed.

Surgical Section.

Dr. Angus McKinnon was appointed chairman of the Section, and Dr. Herbert Bruce secretary.

Dr. A. Primrose presented a paper on "Operative Methods in the Conservative Treatment of Tubercular Joints." This was discussed by Drs. Coventry, A. Davidson, H. P. Galloway and C. L. Starr.

Dr. Primrose replied.

Dr. Holmes was appointed chairman, while Dr. Holmes read his paper on "Supra Pubic Prostatectomy." This was discussed by Drs. A. B. Welford, Greig, Forfar, H. H. Oldright, Holmes and Peters.

Dr. McKinnon replied.

The Section then adjourned.

EVENING SESSION.

Dr. McPhedran presented his paper on "Cretinism in Ontario," illustrated with lantern slides.

Dr. H. A. McCallum opened the discussion in Medicine, on "Immunity in Excretion and Cure." This was discussed by Dr. Anderson.

Dr. J. G. Adami, of Montreal, read a paper on "Syphilitic Cirrhosis."

THURSDAY MORNING.

The president ruled that papers read be handed into the secretary to be disposed of by the Committee on Publication.

Dr. Holmes, of Chatham, opened the discussion in Gynæcology. Subject: "Carcinoma of the Uterus." This was discussed by Drs. Rowe, Georgetown, and A. A. Macdonald, of Toronto.

Dr. A. H. Wright presented a paper on "The Management of Difficult Breech Labors." The essayist demonstrated his methods by the use of a manikin.

Drs. C. J. Hastings, W. Oldright, Bray and Rice discussed the paper.

Dr. D. H. Richardson was invited to the platform and briefly addressed the Association.

A communication was read from Dr. A. M. Rosebrugh, secretary of the Prisoners' Aid Society, regarding the establishment of a home for inebriates. The president said that he would, with the consent of the Association, appoint a committee whom he would ask to consider the matter and report at the next annual meeting. This was approved of by the meeting. The president referred the matter to the Committee on Public Health.

Dr. McKinnon begged the privilege of introducing a motion—that the dinner of the Association take place on the first evening of the Association, and that the out-of-town members pay their own way. Seconded by Dr. Rowe. Carried.

The Association then divided into sections.

Medical Section.

Dr. A. T. Rice, of Woodstock, was appointed chairman of this Section.

Dr. R. Doan, of Harrietsville, read a paper on "My Experience with Antitoxin in the Fall of 1897." This was discussed by Drs. E. L. Shirley, C. Sheard, Price Brown, Adami, L M. Johnston, McPhedran and Samson. Dr. Doan closed the discussion.

Dr. Heggie then read a paper on "Hyperresonance of the Chest—a Premonitory Symptom of Pulmonary Tuberculosis."

Dr. P. H. Bryce read a paper on "The Effect of the Climate of our Canadian North-West on Patients with Tuberculosis."

The Section then adjourned.

Surgical Section.

Dr. N. A. Powell read a paper on "Catgut, Gauze and Sponges—What are the best Methods of their Preparation."

Dr. Oldright, sen., read a paper on "When Should we Operate," illustrated with cases. This was discussed by Drs. McKinnon, Riddell, McKenzie, C. Starr and Holmes.

Dr. G. H. Burnham read a paper on "The Various Operative Methods of Dealing with Eyes Lost through Injury or Disease." This was discussed by Dr. Chas. Trow.

The Section then adjourned.

The luncheon was then eaten at the Royal Canadian Yacht Club-house.

A clinic followed at the Victoria Hospital for Sick Children.

Dr. W. B. Thistle showed two cases of rheumatoid arthritis.

Dr. George Peters showed (1) a case of teratomata tumors on the back of a child, each containing intestine; (2) a case of ectopia vesicæ with prolapse of the rectum; (3) a case of empyema.

Dr. Primrose showed (1) a case of psoas abscess, in which he had operated without drainage; (2) a case of deformity due to birth palsy; (3) a case of arthrectomy for tuberculosis of the knee-joint; (4) a case of Calot's operation for forcible reduction of spinal deformity.

Dr. Crawford Scadding made some remarks on the administration of chloroform in the prone position. He showed a case of rickets.

Dr. Powell showed a case in which he had fractured both lower limbs by manual force, followed by plaster-paris splintage for the correction of deformity.

The hot-air bath, as used in the treatment of surgical and medical diseases, was shown and its operation demonstrated.

EVENING SESSION.

Dr. Britton presided.

The minutes of the preceding session were read and adopted.

Dr. McPhedran presented the report of the Committee on Nominations. It was as follows: Next place of meeting, Toronto. President, W. J. Gibson, Belleville; First Vice-President, J. F. W. Ross, Toronto; Second Vice-President, I. Olmstead, Hamilton; Third Vice-President, W. J. Rowe, Georgetown; Fourth Vice-President, N. McCrimmon, Kincardine; General Secretary, John N. E. Brown; Assistant Secretary, E. Hurlbert Stafford, Toronto; Treasurer, Geo. Carveth, Toronto. To the Committee on Credentials were added W. J. Wilson and W. J. Greig, Toronto; to the Committee on Public Health, J. Hutchinson, London, and Gilbert Gordon, Toronto; to the Committee on Legislation, J. C. Mitchell, Enniskillen, and John Samson, Windsor; to the Committee on Publication, J. T. Fotheringham, Toronto, and V. Anglin, Kingston; to the Committee on By-Laws, J. Wishart, London, and A. McKay, Ingersoll; to the Committee on Ethics, A. McKinnon, Guelph, and G. Hodge, London; to the Advisory Committee, Wm. Britton, Toronto.

The report was adopted.

Dr. Samson was then appointed to the chair.

Dr. W. Britton presented the report of the committee appointed to consider the resolution appended to the paper of Dr. Ferguson. It was as follows:

"The committee appointed yesterday by the Medical Section to prepare a resolution for submission to the Association on the subject of Over-study in the Public and High Schools of Ontario, and other matters pertaining thereto, beg leave to recommend the adoption of the following resolution: Inasmuch as the promotion and main-

tenance of the public health constitutes one of the most important objects for which the Ontario Medical Association was organized, it is submitted that, while fully recognizing the high standard of general education attained under our provincial school system, it is the opinion of this Association,

1st. That the school children are overworked to the detriment of their mental and physical health.

2nd. That in many schools the ventilation and air space per pupil are not ample to fulfil the proper sanitary requirement.

3rd. That the lighting of the school rooms is often so inadequate or so badly arranged as to induce various forms of visual defects.

4th. That while some provision has been made for physical exercise there is room for improvement in this respect.

5th. That home studies are, as a rule, made too arduous to allow for such rest and recreation as are essential to physical growth and development.

It is therefore recommended :

1st. That the number of subjects of study prescribed by the Education Department be lessened.

2nd. That home work be curtailed.

3rd. That less exacting examinations be imposed on the pupils.

4th. That more time during school hours be devoted to physical culture.

5th. That school trustees should confer with members of the medical profession as to lighting, ventilation and capacity of school rooms.

Dr. Britton moved the adoption of the report. Dr. Peter Bryce seconded the motion. It carried unanimously.

Dr. Ross, Minister of Education, who was present, was then called upon. He expressed his pleasure at the recommendations made by the Association, and invited the president to appoint a committee to confer with him regarding the points touched upon in the report.

6th. And that the curriculum generally be framed with full consideration of the paramount necessity for preserving the physical health of the rising generation.

All of which is respectfully submitted."

The resolution was signed by Drs. Britton, Sheard and Ferguson.

The president named the following gentlemen as members of the committee to confer with the Minister of Education :

Drs. R. A. Reeve, A. A. Macdonald, D. G. Wishart, E. J. Barrick, A. McPhedran, J. T. Fotheringham, R. Ferguson, A. McKinnon, C. Sheard, J. Spence, Rowe, G. Gordon, Hutchinson, H. Griffin, P. H. Bryce, G. S. Ryerson and L. L. Palmer.

The treasurer presented his report, which was adopted.

(See archives for statement of the same.)

It was moved by Dr. Britton, seconded by W. J. Wilson and resolved,

"That this Association deplores the fact that in the various hospitals and dispensaries of the Province, under the guise of poverty, many designing persons who are quite able to pay a medical practitioner at least a moderate sum for his services, makes false representations as to their financial standing, thereby securing gratuitous care and professional advice or attendance, inflicting a grievous evil upon the profession at large, imposing upon the time and skill of those who attend them, and obtaining the charitable consideration which is designed exclusively for the deserving poor; therefore, it is further resolved that a representative committee be appointed consisting of five members from the staffs of as many hospitals, and five chosen from the outside profession, with power to add to their number, in the same proportion, whose duty will be to make full inquiry during the coming year as to the extent of the evil, and to report to this Association at its next annual meeting their conclusions as to the best means for its suppression."

The resolution was discussed by Drs. Ryerson, Bryce and Fotheringham. Carried.

It was moved by Dr. F. N. G. Starr, and seconded by Dr. T. S. Harrison,

"That this Association desires to express its willingness to approve of some scheme whereby reciprocity between the provinces may become an accomplished fact, without the degradation of the Ontario standard, and that its members in meeting assembled do request that the Ontario Medical Council act in conjunction with the councils of the other provinces with a view to bringing about this happy result."

This was discussed by Drs. Powell, Britton, Ryerson, Cruickshanks and Barrick, and carried.

It was moved by Dr. Barrick and seconded by Dr. W. J. Wilson,

"That it be an instruction to the Committee on Papers and Business to take up the report of the Legislative and Special Committees, and resolutions of which notice has been given, immediately after the president's address at the next meeting of the Association."

This motion was discussed by the mover, the seconder, J. F. W. Ross, H. T. Machell and Bryce. Lost.

Dr. Barrick then gave the following notice of motion:

"That whereas there is reason to believe there is a widespread feeling among the medical men of this Province that the system now

in vogue of lodge and contract practice is undignified and derogatory to the best interest of the profession, and should be abolished ;

"Be it therefore resolved that in the opinion of this Association the Medical Council be and is hereby memorialized to take a plebiscite on the question of prohibition of lodge and contract practice ;

"And further, in case the prohibition be endorsed by a substantial majority to immediately, or as soon thereafter as possible, apply to the Local Legislature to have such amendments made to the Medical Act as to put the above in force."

The usual honoraria were then voted to the secretaries.

A letter was read from Dr. C. R. Dickson, president of the American Electro-Therapeutical Association, inviting the members of the Ontario Medical Association to attend the annual meeting to be held in Buffalo in September.

On motion of Dr. E. H. Adams all papers unread were taken as read.

Dr. Bruce Smith presented the following report of the Committee on Necrology :

"Your Committee on Necrology beg to report the names of the following members of this Association who have gone over to the majority during the last year : Drs. Burns, Strange, Burgess and Closson, of Toronto ; Drs. Miller and Shaw of Hamilton ; Dr. Cronyn, of Buffalo ; Dr. Dixie, of Springfield ; Dr. Newcombe, of Sandwich ; Dr. McClure, of Thorold ; Dr. Griffin, of Brantford ; Dr. Killock, of Perth ; Dr. Hill, of Ottawa, and Dr. Cunningham, of Kingston."

The report was adopted.

Dr. Primrose presented the report of the Committee on Publication as follows :

"The Committee on Publication beg to report that in consequence of the fact that during the past few sessions of the Association members have been permitted to part with their papers otherwise than through the Committee on Publication, the members of the Association have not handed their papers to the secretary. The president ruled this morning that all papers should be disposed of through the committee, and that they should be distributed to the various journals. This ruling was, however, too late to affect matters this session, and in consequence the committee have no papers referred to them."

Dr. N. A. Powell presented the report of the Committee on Ethics. It was as follows :

"Your committee beg to report that during the year no formal complaints have been sent in calling for action at our hands. We

recommend that, as the supply of copies of the "Code of Ethics" adopted by this Association is now exhausted, a new issue be arranged for. The code having received a thorough revision when last before the Association, it is expedient to make further changes in it at the present time."

It was moved by Dr. Samson, and seconded by Dr. Harrison, that the sum of $75 be donated to the Ontario Medical Library Association in recognition of its usefulness to the profession throughout the Province generally, if the funds of the Association will warrant it. Carried.

The following votes of thanks were then passed:

It was moved by Dr. Gibson, seconded by Dr. C. R. Dickson, that the thanks of this Association be tendered to the Royal Canadian Yacht Club for the use of their club-house in entertaining the members of the Association.

It was moved by Dr. Dickson and seconded by Dr. Clouse, that the secretary be instructed to send to the Toronto Street Railway Company the thanks of the Association for their kindness in supplying cars for the excursion about the city. Carried.

A hearty vote of thanks was tendered to the honorable the Minister of Education for the courtesy manifested in placing once more the handsome rooms of the Education Department at the services of the Association.

The meeting then adjourned until the first Wednesday and Thursday of June, 1899.

J. N. E. B.

The Toronto Medical Society.

THE last regular meeting of the Society for the year was held in the Council Building on the 26th May. Dr. T. F. MacMahon presided.

Dr. H. H. Oldright read a paper on Tuberculous Inguinal Glands, resulting from a wound in the foot. It was discussed by Drs. Parsons, Smuck and Oakley.

Dr. Graham Chambers reported a case of purpura hæmorrhagica.

Dr. Webster reported a case and presented a patient—general septic arthritis. A number of the larger joints he had drained. The patient began to improve after the administration of antisteptococcic serum.

The Treasurer's report was then received and adopted.

Dr. Parsons moved that the meetings be held fortnightly instead of weekly. Lost.

The motion to lower the fee was withdrawn.

Dr. W. J. Wilson moved, That in the opinion of the Toronto Medical Society no one should receive free treatment as an in-door patient in our public hospitals except those receiving their hospital maintenance from the municipality to which they belong.

That a copy of this resolution be sent to the Public Hospital Boards and to the Medical Council :

"That the President and Dr. B. E. McKenzie and the mover be a committee to see that the spirit of the resolution be carried out.

"And that the Secretary communicate with the other Medical Societies with a view to securing their co-operation in the matter."

Carried unanimously.

The Society then adjourned.

The election resulted as follows : President, A. Primrose ; 1st Vice-President, F. Oakley ; 2nd Vice-President, J. Webster ; Corresponding Secretary, M. Currie ; Recording Secretary, J. N. E. Brown (re-elected) ; Treasurer, G. H. Carveth (re-elected) ; Council, W. J. Wilson, J. E. Graham and T. F. MacMahon.

The Society then adjourned until the first Thursday in October.

The Spastic Night Cough with Vomiting and Coryza in Young Children.—According to Dr. P. Gastow (*Der Kinder-Arzt*) this very common affection is of reflex origin, sometimes due to intestinal parasites, sometimes to other causes, but usually the result of a coryza posterior. The cough has the following characteristics : it is spasmodic, similar to whooping-cough ; it causes nausea and vomiting, and it occurs at night when the child is in bed, never when it is up, and rarely by day. It occurs only in very young children, because they do not expectorate and cannot clear the nose ; the mucus, therefore, drops backward into the pharynx and the irritation of the pharyngo-laryngeal mucous membrane thus produced causes a reflex cough. The cough is spasmodic, because the mucus collects in the region of the arytenoids and the vocal cords, causing glottic spasm and attacks of suffocation. The cough occurs at night, because then the position of the head favors the gravitation of mucus to the pharynx and larynx. Treatment consists in the application three or four times daily, through the whole length of the nasal cavities, of tampons saturated with borovaseline. This at first causes sneezing, but later the infant bears it well. The snuffling causes the vaseline to flow into the pharynx. Astringents, such as tannin or alum, and especially antipyrin, may be added to the vaseline.—*Medical Record.*

Editorials.

Hospital and Charity Abuse.

Dr. Britton, the President of the Ontario Medical Association, in his address made some able and timely remarks upon this subject. It must be admitted that hospitals are doing a great deal of work free that ought to be paid for. It is not the duty of the State to take care of the health of its well-to-do and able-to-pay citizens.

In the first instance, hospitals were established as a pure charity for the indigent poor. Later on, teaching became engrafted on their work. Now, however, many of them are cheap boarding houses, where a person by paying a small fee of $2.80 or $3 a week can obtain board, medicines and attendance. This very person is often a mechanic earning regular wages, a merchant or a well-to-do farmer.

We have not hesitated to call attention to this evil in the past, and will continue to advocate such reforms as shall place the hospitals out of competition with the practitioner who is earning a living by his profession.

Too Much Cramming in Schools.

We are glad that this subject has been again ventilated. Dr. Ferguson, of London, introduced a discussion upon the evils of too many subjects, examinations and hours of study upon the growing and developing child. The Ontario Medical Association expressed its sympathy with the paper by appointing a committee to follow the matter up, with the view of obtaining some needed changes in the Education Act and regulations.

The Medical Review will always take the ground that a healthy people is of more importance than an over-educated one. Some years ago Dr. Clifford Albutt made the statement that a healthy though rude nation had a bright future before it, while a highly educated but physically degenerated one had no other prospect but extinction.

Writers in Germany, France, Britain and the United States have

been frequently calling attention to the evils of too much school work by noting the increase of general nervousness, nervous debility, headaches, ocular troubles, indigestion, weak muscles and consequent skeletal deformities. All this is only too true. Children at the ages of eight to twelve should not be loaded with two or three hour's work in the form of home studies.

In the August number of the *Popular Science Monthly* for 1895 Dr. John Ferguson, of Toronto, had a very full and timely article on the relationship of the nervous system to education. The evils of overwork were pointed out in strong language.

In the year 1894 the Canadian Medical Association passed the following resolution: "That the system of education in force in the Dominion draws too largely upon the brain tissue of children and materially injures their mental and bodily health."

We hope that much good will come from all this vigorous discussion.

The Ontario Medical Association.

THE eighteenth annual meeting of the Ontario Medical Association, held on the first Wednesday and Thursday in June, passed off successfully.

The attendance was fair, the papers were, for the most part, of interest, the entertainment all that could be expected, and the practical work done in committee of considerable practical value.

The various excellent papers relating to Tuberculosis, show that the Association is not forgetful of one of the most common and fatal diseases prevalent in our midst.

The luncheon was much enjoyed by everybody. The toasts were happily proposed and as happily responded to. The cruise on the sailing yacht *Oriole*, with Mr. Gooderham and Dr. Ross, was appreciated by all who went aboard. The visit to the Island by some, the trip about the city on the street cars by others, were enjoyable. The merry "smoker" at Dr. Ryerson's will long be remembered by those who attended, and the private receptions given by Dr. Wm. Oldright, Dr. Price Brown, Dr. Ross and others, were most cordial in character.

The report of the committee appointed to report on the suggestions made by Dr. Ferguson in his paper led to recommendations which, if acted upon, will do good in preserving the health of our school children. We were pleased to see the Minister of Education present

and express his pleasure at hearing the views of the medical men, and invite a committee of them to confer with him to bring about the desired reforms.

We are in accord with the time-honored resolution on reciprocity and inter-provincial registration. The resolution endorsed by the Association toward the correction of one of the most egregious of hospital abuses was well-timed. It is high time that the physician should look after his rights in respect to hospital patients able to pay.

We should like to see this Association free from clique manipulation. There was not a little dissatisfaction with the arrangement for the presentation of papers, and many unpleasant remarks were made regarding the favoritism shown.

Our congratulations are extended to Dr. Britton and the other officers of the Association on the general success of the meeting, and to Dr. Gibson, of Belleville, for being honored with the presidency for next year.

The Natural History of Vaccinia.

Dr. S. Monckton Copeman in his Milroy lectures on the above subject arrives at the conclusion that both smallpox and vaccinia are descended from a common ancestral stock, and that this ancestor resembled the latter far more than it did the former.

Cows have been known to contract smallpox by being in close contact with the infection. The matter obtained from such animals was employed for vaccination, and did not produce smallpox in the human subject.

Cows and calves can be successfully inoculated with the smallpox virus. The lymph obtained from the vesicles thus originated will produce typical vaccinia in the human subject and protect against smallpox.

The lymph thus obtained has been carried through as many as thirty generations, and, at the end of the series, the characters were not changed nor the protective power abated. It would thus seem that when smallpox passes through the bovine animal it reverts to the original ancestry, a mild form of the same disease.

THERE are fair openings for medical men at Crookston near Madoc, and at Menie near Campbellford. A Methodist would be preferred at Crookston and a Presbyterian M.D. at Menie. Trinity University men would also be preferred, as the older practitioners in neighboring towns are Trinity graduates.

LORD ROBERTS ON ARMY SURGEONS.—Field Marshal Lord Roberts speaking at the banquet of the Irish Medical Schools and Graduates' Association, at the Cafe Monico, in London, said: "The Army Medical Department is well represented by Irishmen. It has a record of its own, and therefore it needs no words of eulogy on my part. Whether in hospital or in field, the skill and bravery and kindness of Irish medical officers is proverbial. I cannot here enumerate the Irish medical officers in the army who have been and still are among my friends, but this I will say, that whether as doctors or as agreeable companions, there are no better fellows in the world." The medical profession, and especially the Army Medical Department, have an excellent friend in Lord Roberts, who fully recognizes what a very important branch of the service it is, and that Lord "Bobs" is not warped by a stupid prejudice against the service as Lord Wolseley is, was shown by the way Sir William MacCormac, President of the Royal College of Surgeons, spoke of him when proposing his health as "The Guest of the Evening." "Lord Roberts," he said, "had always been a friend to the medical profession, and had often shown his deep appreciation of their services. No one amongst those who held the highest ranks in the British Army had more at heart the welfare of the medical service than Lord Roberts. His familiar soubriquet of 'Bobs' in no small degree bore testimony to the way he had gained the affection of his fellow-men in the course of his military duties."—T. S. B.

TREATMENT OF NERVOUS AND MENTAL DISEASE.—Dr. Edward C. Mann, the well-known specialist in nervous and mental diseases, and author of the "Medical Jurisprudence of Insanity," which was so favorably reviewed in the *Journal of the American Medical Association*, has for some time been using maltine with coca wine in his private hospital in New York for nervous and mental diseases, and reports the most gratifying results from its use in cases where the use of coca is indicated. A gentleman of such standing in the profession could not well afford to use the preparation unless fully satisfied of its reliability and merit. From repeated trial we can fully endorse his statement in regard to "maltine with coca wine."—*The Southern Practitioner.*

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—I send you under separate cover an announcement of "Independent Medical College," corner Van Buren and Leavitt Streets, People's Institute, Chicago, "Incorporated under the laws of the State of Illinois," which gives degrees of M.D. and D.D.S., by correspondence. It is apparently organized on plans similar to Central University, Indianapolis, Ind., and National University of Throop Street, Chicago. Also find announcement of Western University, Chicago, which is in charge of J. H. Randall, Ph.D., A.M., M.D., President and Treasurer, and twenty-seven others, including Vice-President, Secretary, Instructors and Assistants, who possess degrees of various significance—A.M., M.D., D.D., B.S., Ph.D., LL.D., L.S., etc., etc. The degrees of "Western" that may be conferred are similar in number to those given by Central and National Universities: In Arts, B.A., M.A., D.A.; in Philosophy, Ph.B., Ph.M., Ph.D. To be brief, the degrees of Bachelor, Master and Doctor may be given in Departments of Literature, Science, Letters, History, Sociology, Law, Jurisprudence, Engineering, Theology, Pedagogy, Architecture, Dentistry, Medicine, Vet. Science, etc., the Doctorate being given in eighteen different departments, excelling even Toronto, Trinity, Queen's or McGill in the invention of Faculties or Departments for the Doctorate.

The "Western" does not claim (as far as noticed) to be incorporated, but its announcement states that "dentistry is a mechanical business," a statement worthy of observation and study by our Canadian universities which give the auroid degrees, D.D.S., D.V.S., Pæd. D. and Mus. Doc. The degree V.D. (Veterinary Dentist) of "Western" is worth consideration by our "degree multipliers" universities.

J. H. Randall, A.M., M.D., etc., is apparently the chief factor of Medical College and Western University. In Medical Faculty the names of twenty-two M.D.'s appear. That such men, apparently qualified, should associate in such business is assuredly unprofessional and derogatory to the honor of the medical profession. Their antipathy to the regulars in practice and State Boards of Health is very noticeable, and with such easy means as are afforded by them to would-be owners of M.D. or academic degrees, their followers will soon be many.

That such "Institutes" should be known and silenced is the occasion of this exposure, which all established medical and other journals should well encourage, provided it is deemed necessary by the learned professions to discountenance such institutions in this country which publicly bestow the Doctorate to all comers, such as dentists, farriers, etc. ARISTARCHUS.

Toronto, May 25th, 1898.

Book Notices.

The Blood: How to Examine and Diagnose its Diseases. By ALFRED C. COLES, M.D., B.Sc. Six colored plates. London: J. A. CHURCHILL. 1898. Price 10/6.

This is undoubtedly an excellent work. In form, matter, illustrations and methods it has no rival. We congratulate Dr. Coles on having produced such a useful treatise upon this very important field of research.

The contents are divided under the following headings: Methods of examining the blood, general morphology of the blood, pathology of the blood.

The primary or idiopathic anæmias are treated of under the classification, chlorosis, simple anæmia, progressive pernicious anæmia, leucocythæmia, lymphatic leucocythæmia, Hodgkin's disease, splenic anæmia. The secondary anæmias are taken up under the headings of that due to malignant diseases, hæmorrhagic diseases as purpura, malarial anæmia, acute diseases as pneumonia, etc. We have nothing but the highest praise for this book.

Brief Essays on Orthopædic Surgery. By NEWTON M. SHAFFER, M.D. New York: D. Appleton & Co. 1898. Canadian Agent, Geo. Morang, Toronto.

This little book is a collection of essays written by Dr. Shaffer during the past fourteen years. The subject matter is presented in a very clear manner and one is well repaid for the brief time spent in reading the book through. He claims credit for American surgeons for the most important contributions to at least the mechanical element in orthopædic surgery. He defines orthopædic surgery as "that department of surgery which includes the prevention, the mechanical treatment and the operative treatment of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary."

A Manual of Instruction in the principles of prompt aid to the injured, By ALVAH H. DOTY, M.D., Health Officer of the Port of New York, late Major and Surgeon Ninth Regiment, N.G.S.N.Y. Late Attending Surgeon to Bellevue Hospital Dispensary New York. Second edition, revised and enlarged. New York: D. Appleton & Co. Toronto: Geo. Morang,

The intention of this book is to instruct those who are desirous of knowing what course to pursue in emergencies, in order that sick or injured may be temporarily relieved. It would be found especially useful to ambulance corps connected with military organizations. Technical terms are avoided and such language used as to make it readily understood by the laity. There is a chapter devoted to hygiene and the drill regulations for the hospital corps, U.S.A. The book is beautifully illustrated and fulfils very completely the object for which it was intended.

Selections.

Surgical Hints.

IN cases of fracture, non-union is frequently due to the presence of syphilis. It is well, as a matter of routine, to inquire as to the existence of this disease in any case of bone injury, since active anti-syphilitic treatment will greatly promote union and repair in any case in which the disease exists.

IN cases of coma in which encephalic lesions have occurred, there is always, as soon as shock is over, an increase in the temperature. In alcoholic coma the temperature is lowered. In apoplexy the temperature is at first subnormal, then nearly normal, and if it rises it is a nearly sure indication of a fatal ending.

IMMEDIATE amputation of limbs that have suffered from an injury attended with considerable loss of blood should always be avoided when possible. Wrap up the limb in copious aseptic wet dressings and wait until the patient has somewhat recovered from his loss of blood. Saline transfusion and copious saline enemata will serve a very useful purpose.

ALWAYS give a guarded prognosis in operating for cancer. Now and then we meet with tumors appearing to possess an extraordinarily active proliferative power, and in which nearly immediate recurrence takes place, in spite of the most thorough operative procedures.

After operations on the face or mouth in children, or in any condition in which it is desirable to prevent the child from carrying its hands to its face, extend the arms and keep them extended by a few turns of a plaster of paris bandage around the elbow-joint.—*International Journal of Surgery.*

An Excellent Vermifuge for Children.—

Benzonaphthol } Santoninæ }	.....	aa gr. xxx
Sacchr. alb	.....	gr. cxx

M. Div. in chart. No. XX. Sig. Two to five powders daily.—*Medical News.*

Mammary Abscess.—Tarnier has employed with success and recommends the following lotion, in which tarlatan should be soaked and then applied to the inflamed area :

℞ Glycerin	.....	1 part
Sterilized water	.....	℥ vj
Alcohol	.....	℥iss
Biniodide of mercury	.....	gr. ii to iv
Potassic iodide	.....	gr. v

—*Practitioner.*

A Mixture for Epilepsy.—*Pædiatrics* gives the following :

℞ Sodium bromide	.....	60 parts.
Sodium bicarbonate	.....	75 "
Tincture of physostigma	.....25 to 50	"
Water	500	"
Saccharin	.....	1 part.

M. Dose, a tablespoonful, diluted with water, morning and evening ; after four days suspend its use for three days and then begin again.—*Medical Bulletin.*

The Treatment of Boils.—Burlureaux (cited in the *Indépendance Médicale*) incises the furuncle, removes the core, and fills the cavity with a powder composed as follows :

℞ Quicklime, Sodium carbonate, Alum,	.....	equal parts.

M. This is said to kill the pathogenic micrococci and to produce rapid healing.—*New York Med. Jour.*

Miscellaneous.

Homœopathy in Bavaria.—At a recent meeting of the Financial Committee of the Bavarian Parliament Herr Landmann proposed that a university chair of homœopathy should be established in the University of Munich. The minister replied that the university, to which the question had been referred, had replied that the need of such a chair was not felt, inasmuch as homœopathy was not a science. A similar incident, which ended in like manner, occurred not long ago in the Wurtemberg Lantag.—*British Medical Journal.*

Moderate Drinkers.—It is the fashion with many prohibition cranks to abuse the "moderate drinker," the logic of their reasoning being that there would be no drunkards but for the moderate drinkers. At first blush that argument appears sound, but when we come to investigate it a little more closely, we find that, like many another hasty generalization, it conveys a fallacy consequent upon inaccurate observation. The *British Medical Journal* for April 30th, commenting upon a "well-meaning appeal to the medical profession, issued by the Manchester and Salford Women's Christian Temperance Association," says: "The fact is that people take alcohol either because they like its taste, or because they like the effects which it produces. The former class seldom become drunkards, the latter are inebriates from the beginning." This point of diagnosis gives us a means of rescuing from the ban at least one section of moderate drinkers—viz., those who drink chiefly, if not entirely, with their meals. There are many people to whom a full meal is absolutely devoid of any enjoyable qualities in the absence of some light form of alcohol, in the shape of beer, well diluted whiskey, or light wines, such as are commonly taken in France and Germany. A light wine of that character, whose alcoholic strength is insufficient to produce any vasomotor paresis of the mildest kind, even though a whole bottle should be drank with a meal, is a great desideratum. There are many to whom tea or coffee is positively nauseous when taken with full meals of meat or highly nitrogenous foods, who dislike milk as equally insipid and unpalatable, and to whom water is no better than nothing at all. They are the legitimate moderate drinkers, who drink for flavor and not for stimulus, and it is on such as they that prohibition fiends lay a grievous burden of undue interference with personal liberty.—*N. Y. Medical Journal.*

Charity and Social Solidarity—Zola's Idea of Public Charity.—Zola, in his new novel, "Paris," puts into the mouth of one of his heroes this opinion of alms-giving and charity: "He ceased to believe in the efficacy of alms-giving; to be charitable was not sufficient, it was necessary from thenceforth to be just. Before all things to be just, and frightful misery would disappear without there being any need of charity. Certain it is there were many good hearts in suffering Paris; works of charity multiplied there like the green leaflets at the first balmy breath of springtime. There were charities for all ages, for all dangers, for every class of the unfortunate. They assisted the new-born children and looked after mothers; then came the foundling asylum orphanages, lavishly supplied for all classes. As for the adult, man was followed up in all the walks of life; he was cared for especially when aged—there were asylums, hospitals, refuges. On every hand help was extended to the abandoned, the disinherited, even to the criminals. There were all manner of leagues to protect the weak, societies to prevent crime, homes for those that repented. The propagation of benevolence, patronage, safe keeping, public assistance, charity unions—it would take pages to enumerate the extraordinary vegetation of charities throughout Paris, in bountiful assemblage, where real goodness of soul is mixed with worldly vanity. What difference is it, besides, since charity purifies all? But what a terrible argument, the absolute uselessness, the derision of such charity! After all these ages of so-called Christian charity not a social wound has been healed; human misery has only increased and been embittered up to the point of madness. The evil aggravated without ceasing, would arrive at not being tolerated a day longer from the moment social injustice was cured. Is it sufficient for an old man dying of cold and hunger to be warmed by a society built upon alms-giving?" Zola is ever truthful. He may be accused of demagogy; he may make mistakes, as who does not? But in a world where the rich are ever growing richer and the poor growing poorer, those who study well know that poverty is the result of injustice, and would not exist were it not for the selfishness of mankind against its brother men. For the strong to crowd down and crush the weak, through the means of such a base metal as gold, is a sorry reflection on humanity. In days of old they worshipped a golden calf, a single standard yearling probably, but now the calf has been coined into dollars. Were gold to be found as plentiful as coal to-morrow there would be no need of public charities in a hundred years. Public charities are the natural result of accumulated wealth, that is almost always the result of some rank injustice to the masses of humanity.

Socialism is marching down to the sea in France, Great Britain and Germany. When vast accumulations of wealth disappear there will no longer be pauperism nor any need of asylums.—*Lancet-Clinic.*

Insanity in England.—The secretary of St. Luke's Hospital for Insane in London gives it as his opinion, based on experience gained from many years' contact with lunatics, that the most frequent cause of insanity is over-work, and particularly any prolonged form of labor of a monotonous kind. The following is a classified list of some of those who have been admitted into English asylums during the past five years: 579 agricultural laborers; 484 engineers and artisans; 299 bank, insurance, and other clerks; 214 shopkeepers; 213 soldiers; 176 teachers, etc., 61 commercial travellers; 44 musicians; 30 doctors; 28 clergymen; 28 authors and journalists; 22 actors.—*Medical Record.*

A Lesson in Professional Tact.—The following story, though old, is true, and as illustrating professional etiquette, which, like all true courtesy, is merely the application of the Golden Rule, is worth repeating from its reproduction in the *Toledo Medical and Surgical Reporter* for May. Being called in haste to a patient under the care of a very young practitioner, Sir William Gull found that brandy and water was being given at intervals, with certain other treatment. The great physician carefully examined the patient and said: "Give him another spoonful of brandy." He then retired to a private room with the young doctor in charge. "It is a case of so-and-so," he said, as soon as the door was closed. "You shouldn't have given him brandy on any account." "But," said the junior practitioner in amazement, "I thought Sir William, that you just told the nurse to give him another spoonful." "So I did," said the great man. "An extra spoonful of brandy won't hurt him; but we mustn't destroy his confidence in you, or he'll never feel comfortable or believe anything you tell him again."—*N. Y. Medical Journal.*

Medical Affairs in Canada.—some months ago we summarized a rather pessimistic communication which had appeared in one of our Canadian contemporaries concerning the state of medical matters in the Dominion of Canada. At that time we expressed the hope—we might have said expectation—that the gloomy picture presented by the writer would prove to have been overdrawn, and so it did. Nevertheless, the physicians of Canada have their troubles. It impresses us that in the main their difficulties are very much like ours. Among

them are the abuse of medical charities and the problem of interprovincial registration, with a third—club practice—that has no existence with us, save in the most infinitesimal degree. Concerning the first of these difficulties, we cannot see that the Canadian situation is materially different from the one that we have to face, except, perhaps, that it apparently lacks the ugly feature of antagonism between the lay managers of the institutions and their medical officers over the matter of attempting to block the game of trespassing upon charity. Our Canadian brethren are hard at work on the problem, and we hope they will succeed in their endeavors. As to the project of interprovincial registration, it appears to correspond to the movement in the United States to secure the validity of one State license in any other State. With us this seems hopeless of accomplishment at present and for a long time to come, but the conditions in Canada probably are more favorable, although there, too, it seems to us, there are difficulties that it will take considerable time to overcome. The impediments, so far as we understand the matter, are in each case partly natural and partly artificial. By natural impediments we mean those that involve the law of supply and demand ; these are perhaps more difficult to deal with in Canada than in the United States. On the other hand, the artificial difficulties, those that consist in reconciling legal requirements of a diverse character in different jurisdictions (States in the one case, Provinces in the other), are undoubtedly harder to meet in the United States than in Canada, owing to the remarkable differences in our State requirements, ranging from none at all to the exceedingly stringent exactions of the State of New York. The third problem, that of club practice, is, as we have said, almost unknown in the United States, although it may still rear its ugly head among us. We do not understand that even in Canada it has anything approaching in magnitude the proportions it has attained to in the United Kingdom ; still, it is serious enough there to be the occasion of earnest discussion in the profession. We hope and believe that our Canadian brethren will soon succeed in mastering it. These reflections have been prompted by the proceedings of the recent annual meeting of the Ontario Medical Association and by the burden of informal talk heard among the members in attendance. The meeting, the eighteenth, was held in the enterprising and attractive city of Toronto on the 1st and 2nd of June. It was well attended, and the gentlemen present were thoroughly representative of the Ontario profession. This is equivalent to saying that they represented a professional body not excelled anywhere.—*N. Y. Medical Journal.*

A World-Wide Business.

How Parke, Davis & Co. Achieved Their Great and Enviable Fame. Their Canadian Branches, Walkerville and Montreal.

It is no exaggeration, it is merely stating a well-known fact, to say that the house of Parke, Davis & Co. is the "foremost pharmaceutical house in all the world." Its prominent position has been attained by steady adherence to scientific methods and to the policy that *quality* and *reliability* should be synonymous with their label.

Parke, Davis & Co. have always led in the advance guard of scientific pharmacy. The improvements which they have effected in pharmaceutic preparations have done much to place the science and art of medicine on a surer and more definite basis and humanity has been correspondingly benefited. Parke, Davis & Co., for instance, was the first house to advocate the principle of standardization as applied to the preparations of drugs containing alkaloids, etc., that were capable of being chemically assayed. They were the first to place standardized preparations of such drugs upon the market, and the medical profession so warmly endorsed their action in this respect that the last revisers of the United States Pharmacopœia felt constrained to fall into line and give official recognition and approval to the principle.

Chemical standardization alone, however, does not represent the *ultima thule* of this matter. There are some drugs such as Indian cannabis, digitalis, strophanthus, squill, cantharides, ergot, etc., that cannot be satisfactorily standardized by chemic test. Parke, Davis & Co. now stand as the first advocates for the further application of the principle of standardization to these, which can only be done satisfactorily by test upon living organisms, *by physiologic test.*

It is not our intention to here picture the magnificent biological laboratory which Parke, Davis & Co. have erected to efficiently prosecute the standardization by physiologic test of the drugs above referred to. It is rather as an illustration of the progressive methods characteristic of the firm's policy, explanatory of the unqualified praise which is accorded to their products wherever they go. The medical men who use Parke, Davis & Co.'s preparations know that in them they possess the most reliable, up-to-date scientific instruments of materia medica. The keynote of the ever-increasing favor therefore which compels Parke, Davis & Co. to keep enlarging their manufacturing facilities, to multiply their branch houses and their agencies, is typified in their trade mark, "*Medicamenta Vera.*"

Walkerville Branch.

The establishment of the Walkerville (Ont.) branch laboratory of Parke, Davis & Co. is only one of the many instances which go to show the wonderful growth and expansion that is steadily marking the career of this great firm. Appreciating the favor which had already been manifested towards their products, Parke, Davis & Co. decided to meet the demands for them by a purely Canadian enterprise which would be able on Canadian soil to operate under much more favorable commercial conditions. Accordingly in 1887 they erected a modest building, which was estimated to be sufficient for their Canadian trade at that time, and also for some time to come. The very encouraging success which immediately attended this effort made it at once apparent that a larger building was necessary, and in 1890 they moved to a large, handsome new laboratory. Now a third enlargement of premises has been found necessary to meet the rapid development of their Canadian trade, and an additional two and a quarter acres of land have been added. On this is now in course of construction a four-story building, 60 by 100 feet, that will give, with other minor improvements, 25,000 additional feet of needed floor space. This will then yield employment to about 125 people, exclusive of their ten travelling representatives who are scattered all over the Dominion.

In the Walkerville laboratory of Parke, Davis & Co. every preparation receives the same care, is brought up to the same standard, must respond to the same tests as those emanating from the huge parent laboratory in Detroit. Their preparations may be relied upon in precisely similar conditions to yield precisely similar results, since all chemic and physiologic tests are identical in the control of their manufacture. In only one series of preparations has it been considered unadvisable to duplicate manufacturing facilities, and that is in the preparation of anti-diphtheritic serum; this is still manufactured exclusively in Detroit. All crude drugs purchased after a physiological test of submitted sample are procured through the Detroit laboratory in order to insure the animal tests being uniformly applied. With access to the same staff of chemical and botanical experts, which has helped so materially to build and maintain the reputation of the parent firm, it can readily be assumed that the products of the Walkerville manufacturing branch may be relied on as fully as those issuing from the Detroit laboratory on the opposite side of the magnificent river upon which they both stand.

Montreal Branch.

So much delay has been complained of in shipments to eastern Canada that Parke, Davis & Co. have often been strongly urged to establish a depot or branch which would serve as a distributing centre on or near the Atlantic coast. Since the transit delay was ascertained to be located chiefly between Walkerville and Montreal, they decided that a branch house in the latter city was almost a necessity, and that its establishment would afford tangible relief to a large number of patrons in the eastern part of Ontario, the Province of Quebec and the Maritime Provinces. The branch is located in the centre of Quebec and the wholesale district of Montreal, 378 St. Paul Street, and will carry a complete stock of Parke, Davis & Co.'s preparations, although for the present it will not be a manufacturing laboratory. It is recommended as a base of supplies to all those living sufficiently near Montreal to expect a lessened time of transit in their shipments than would be the case if ordered from Walkerville.

Speaking of Canadian trade brings to notice the other evidence of the high appreciation which Parke, Davis & Co.'s products receive from the medical men who are subjects of Queen Victoria. As a profession they are second to none in the world, and there are none who more carefully scrutinize, more carefully examine and test their preparations, nor who afterwards more thoroughly endorse them. A large manufacturing laboratory is maintained in London, England, at 21 North Audley Street (451 Oxford Street), Grosvenor Square, W., which has been steadily increasing its plant and its products meeting with increasing favor ever since its installation. Not only has Parke, Davis & Co. a large demand for their preparations in Great Britain alone, but from the remotest corners of the globe have come most unexpected demands for them—in fact, from wherever an educated physician is to be found. They experience constantly opening new and unlooked-for channels of export for their goods; and even a partial list of their branch establishments and agencies is a formidable one. Parke, Davis & Co. maintain a special corps of travelling representatives in Australasia, and they have no less than fourteen depots for the supply of their products in that remote continental island. In New Zealand they have seven. In British India they have five (one of these being in Ceylon). In the Hawaiian Islands they have three, and in China two. On the Continent of Europe they have six. Other countries, where but one agency or depot is maintained, are Egypt, Japan and Java. This is not inclusive of a large number of wholesale houses in Mexico, Central and South America, and the West Indies, who carry their products in stock.

In New York City Parke, Davis & Co. do an immense distributing business ; here also they conduct a special and distinct enterprise, their Crude Drug Department, which does a vast importing and jobbing business in medicinal herbs, barks, leaves, resins, insect powder, etc. Wherever they have established branches in the United States their business has advanced with the same rapid strides which have characterized their Canadian trade. They have also large and completely equipped stocks located in Kansas City, New Orleans and Baltimore. Last, but certainly not least, is their immense

Detroit Laboratory.

Here is located the large staff of scientific experts, analytical chemists, physicians, microscopists, botanists, etc., whose controlling influence ramifies to the remotest circumference of the vast business.

When the Ontario Medical Association visited the establishment of Parke, Davis & Co., a year or two ago, its members were particularly impressed with the completeness and magnitude of the bacteriological and pharmacological laboratories. These have since been increased fivefold in capacity and outfit. Here was made the first American diphtheria antitoxin that was offered on this side of the Atlantic. Their superior product of this article—the finest in the world—is well worthy of the immense department which was equipped for this special purpose. Provided with all modern paraphernalia, powder microscopes, huge incubators, sterilizing apparatus, extensive stables and animal laboratories, this branch of enterprise is prepared to keep abreast of the latest discoveries in bacteriological science. They are now engaged in the production of several antitoxins—of diphtheria, tetanus, streptococcus, etc. Their diphtheria antitoxin enjoys the enviable distinction of never having caused a fatality or serious casualty of any kind, and its record in reducing the mortality of this dread disease is unparalleled by any other similar preparation on the market. About one hundred and fifty horses are at the present time undergoing the immunizing treatment for its production. In addition there are several thousand guinea-pigs, etc., which are used as control indicators of the potency of the toxins and the antitoxins.

A new department is being added in the shape of a vaccine farm. Shortly Parke, Davis & Co. expect to be able to furnish an unexceptional virus, and the plant and facilities now being installed for this purpose are unsurpassed.

Here is also located the pharmacological laboratory where physiologic assay of the powerful drugs, such as ergot, strophanthus, Indian cannabis, digitalis, etc., is made. Not an ounce of any preparation

of these leaves the laboratories of either Walkerville or Detroit without undergoing crucial trial and receiving a positive guarantee of its medicinal activity.

All these departments, bacteriological, physiological and vaccine farm, are under the care of Prof. E. A. Grange, late State Veterinarian of Michigan, whose undoubted ability and experience gives assurance that no expense or care will be spared for the proper observance of hygienic conditions in the stables and laboratories.

The enterprise which this firm has shown in the introduction of the new remedies is evidenced by a partial list of its earlier efforts in this line. Such drugs as the following are now recognized as valuable members of the materia medica: Cascara Sagrada, Jamaica Dogwood, Jaborandi, Grindelia, Coca, Kola, Berberis Aquifolium, Corn-Silk, Quebracho, yet they were not known to the medical profession until introduced by the preparations of Parke, Davis & Co.

The price list of this house, of which a new edition will be mailed in July or August, comprises thirty distinct *lines* of pharmaceutical preparations and five thousand items. There are one hundred and thirty representatives of the firm travelling over every continent and every clime, in addition to those we have mentioned above as distinctly Canadian. Despite the hard times which have so generally prevailed the last few years, Parke, Davis & Co. have been steadily adding to the huge travelling staff, opening new branch houses, building new laboratories by the acre, and essaying every promising line of scientific enterprise. They have committed themselves to an aggressive policy of advancement all along the line, and it remains but to say that their desire to raise pharmacy and therapeutics to higher levels is almost daily receiving the endorsement of the best and most thoughtful men engaged in its practice.

A Mechanical Device for Separation of Urine in the Bladder.—An ingenious and simple device for separately catching the urine from the female ureters is one described by A. Neumann (*Deutsche medicinische Wochenschrift*). It consists of a tube containing within it a distensible screen; after introduction of the tube into the bladder, this screen is pushed forward in such a manner as to divide the bladder sagittally into two parts, this artificial wall being held in place by its pressure on the anterior and posterior bladder walls. The finger in the vagina guides the screen so that it is central and between the openings of the two ureters. The author has diagnosed with this instrument a one-sided pyelo-nephritis. The method is simple, safe, and easy of execution.—*Med. Record.*

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Sanmetto in Cystitis, Prostatitis and Irritable Bladder.—I have been using Sanmetto in my practice for two or three years. I have used it in a good many cases of cystitis, prostatitis, and in all cases of irritable bladder, with the most gratifying results.

R. T. Hocker, M.D.,
Ex-President Society Western Ky. Medical Association.
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A Definition of Medical Practice.—John Hunter said that "definitions are the most damnable things," and certainly the definition is often by far the most troublesome part of a proposed legal enactment. A Kentucky judge has recently given a definition of medical practice which seems to be fairly satisfactory. In pronouncing sentence upon an "osteopath" who was convicted of having subjected a child suffering from tuberculous disease of the hip-joint to cruel and unnecessary torture, he laid it down that "any person who for compensation professes to apply any science which relates to the prevention, cure, or alleviation of the diseases of the human body, is practising medicine within the meaning of the statute." This concise definition is probably comprehensive enough to include every form of quackery.—*British Medical Journal.*

Anæmia and Consumption.—L—— M——; aged twelve; admitted January 10th, 1898. All symptoms of a well-defined case of anæmia; weight, seventy-five pounds; also slight dulness at the right apex, indicating tubercular complication; the blood was lowered in quality; the sputum showed traces of tubercle bacilli. Treatment: a teaspoonful of bovinine every three hours; also the following prescription in capsule: One minim pure beechwood kreasote, three minims oil eucalyptus, five minims oil cinnamon three times a day. The pharynx, larynx and fauces were swabbed out with iodoform-bovinine daily. Patient showed improvement in a week: sleep normal, digestion much improved, assimilation about normal, and strength increased. The case being further complicated by constipation, thirty grains of phosphate of soda in half a glass of hot water were given every morning before breakfast. March 7th, the bovinine was increased to a tablespoonful in milk every three hours. Improvement continued uninterruptedly until March 20th, when the patient was discharged perfectly well: blood almost normal in quality by the microscope; sputum without a trace of bacilli; the deposit in the right apex cleared up; weight ninety-seven and a half, a gain of twenty-two and a half pounds in less than ten weeks.—*Soundview Hospital Records.*

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contains all the nutritive virtues of the best malt liquors in a much higher degree than any other product with which it can be compared, and the least amount of alcohol (3 per cent.) of any like preparation which avoids the distressing consequences experienced from the use of spirituous liquors, or malt extracts containing a large amount of alcohol.

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is especially adapted to nursing mothers and children, to those suffering from nervous exhaustion, chilliness, and to those unable to digest starchy food. It also acts as a roborant in all cases of debility, and is a most valuable addition to the treatment required in convalescence.

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is practically a liquid bread that is partly digested. It has for its prime object the production of nutriment, and the entire process of manufacture is devised for the purpose of attaining that end.

PRICE, $3.50 PER DOZEN BOTTLES, and sent to any Address in Canada upon receipt of price.

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To the Medical Profession:

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

1st. The statements contributed are founded upon experience, and I believe them true.

2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.

3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.

4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

1st. Unique harmony of ingredients suitable to the requirements of diseased blood.

2nd. Slightly Alkaline reaction, rendering it acceptable to almost every stomach.

3rd. Its agreeable flavor and convenient form as a Syrup.

4th. Its harmlessness under prolonged use.

5th. Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

Old Remedy—New Uses.—There are very many important uses for antikamnia, of which physicians as a rule may be uninformed. A five-grain Antikamnia Tablet prescribed for patients before starting on an outing, and this includes tourists, picknickers, bicyclers, and in fact anybody who is out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts with a wretched "sight-seer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten-grain dose. Every bicycle rider, after a hard run, should be advised a bath and a good rub down, and two five-grain Antikamnia Tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches and soreness. As a preventive of the above conditions, antikamnia is a wonder, a charming wonder, and one trial is enough to convince.

Non-Medicinal Methods of Treatment.—In his opening address before the last congress for internal medicine, Professor von Leyden gave expression to the following views: "To-day we are conscious at the bedside that we have not simply to treat the disease, but chief of all the patient himself, and that he is indifferent to nothing, not even the slightest thing; nothing is adjusted at the bedside in the right way of itself; the physician has to see to everything, and not infre quently the so-called simple remedies are the ones which possess the power to hold together the delicate thread of life and again to fortify it. Medicine of to-day no longer rests upon a fixed system and no longer draws from a single source. Its remedies and methods have been multiplied and extended to an astonishing degree. What formerly appeared of secondary importance has now risen to a position of promise. Numerous therapeutic measures arise to demand recognition. Our therapy is no longer exclusively based upon medicaments and prescriptions. We know that the task of the physician is not finished when he has written his prescription *lege artis*. He must make a more critical and thorough investigation of his patient's condition. We are convinced that many patients recover without medicine, and that many diseases are healed by other means."—*Med. Record.*

The will of Sir Richard Quain has been proved. The personal property is over £118,000.

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It is being used with excellent results by **leading Toronto Physicians!** It is unequalled as a nutrient or as sole diet in all wasting diseases, as Tuberculosis and Bronchitis; in convalescence after Typhoid and other Fevers; in Dyspepsia, Insomnia, etc.; and in Bright's Disease, Diabetes, etc., where a nitrogenous diet is required. Supplied to patients at the very low price of

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CIRCULAR ON APPLICATION.

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THE ALERT PRESCRIBER.—A man in the car was telling how good his doctor was. "Clever?" said he; "well I should say he was. The other day I called him in when I had swallowed five cents. He said if the coin was not counterfeit it would pass, and made me cough up two dollars."—*Ex.*

SOCIAL AND PROFESSIONAL VISITS.—The young man entering practice is often in a predicament and has hard work to make fine distinctions. One of his difficulties is in knowing how and when to make friends of his patients and patients of his friends. An older physician once said that for every friend made by a young man two patients were lost. There is no doubt that the familiarity which springs from a close acquaintanceship between physician and friend soon begets a certain amount of contempt, and in too many cases the physician does better to hold himself aloof from too close communion with possible patients. The dangers of making friends of patients is also emphasized when the visit which is on the dangerous borderland between social and professional is viewed from different sides by patient and physician. A physician goes to see a sick one, be it man, woman or child, and he is asked to remain, perhaps to spend the evening or to take a meal. That is a fatal step. As soon as he begins to drop in in a familiar way to ask a few questions and make a few suggestions, and then remain for a social talk, just so soon is his position as family physician in jeopardy. Of course, there are exceptions to this statement, when the physician has reached the age of extreme maturity, and then comes the difficulty of turning him off when the family likes him as a friend, but feels that as a physician a better man might be found. When the time for rendering bills comes around then the position of both parties is usually clearly defined.—*Maryland Medical Journal.*

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We beg to submit to your attention:

Shuttleworth's Aromatic Wine of Cod Liver Oil and Iron.

IT IS a palatable preparation of Cod Liver Oil, combined with Iron (peptonized), held in permanent solution in a pure Sherry Wine, containing the nutritive properties of Cod Liver Oil, entirely free from the fishy odor and taste of the plain Oil.

IT IS acceptable to those patients in whom the plain Cod Liver Oil is indicated, but to whom it is nauseating, and by whom it cannot be borne.

This Preparation is especially adapted to cases where the patient is unable to digest the Oil, as it may be taken for a considerable time without deranging the stomach.

Many Patients Cannot Take the Plain Oil.

1st. BECAUSE of its fishy odor.
2nd. BECAUSE it upsets the stomach.
3rd. BECAUSE it will not digest.
4th. BECAUSE it regurgitates.

This Preparation Overcomes all Objections to the Use of the Plain Oil.

1st. BECAUSE it has no fishy odor, and does not nauseate.
2nd. BECAUSE it is palatable.
3rd. BECAUSE it is easily digested.
4th. BECAUSE it is well borne by the stomach.
5th. BECAUSE it has the fattening and nutritive properties of the Plain Oil.

We confidently ask Physicians to give SHUTTLEWORTH'S AROMATIC WINE OF COD LIVER OIL AND IRON, with its other combinations (where indicated) a CLINICAL TEST, and we feel sure that all we claim for it will be established.

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